

COMPLETED

CONTRACT REGISTRATION NUMBER	AGENCY ORDER NUMBER PRF 14 - 0852	AMENDMENT NO.
SUPPLIER: The numbers identified above MUST be shown on Invoice & Packing Slip.	DATE 12/17/2014	PAGE OF PAGE 1 1 1

H CA Dept. of Justice I DLE/BDF P 4949 Broadway, F-104 Sacramento, CA 95820 T ATTN: Veronica Riley O	B I SAME AS SHIPPING L L T O	AGENCY BILLING CODE 43735 PURCHASING AUTHORITY NUMBER 9G-0115-DOJ-HQ1 LEVERAGED PROCUREMENT AGREEMENT NO.
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(Type or
Print
Legibly)

INFORMATION TECHNOLOGY PROJECT IDENTIFICATION NUMBER	
AGENCY OR BUYER INFORMATION	AGENCY TRACKING/REQUISITION NUMBER (Optional) 14-735-0041
AGENCY NAME DOJ	CONTACT NAME Veronica Riley
CONTACT E-MAIL ADDRESS veronica.riley@doj.ca.gov	
CONTACT PHONE NUMBER (916) 227-0420	CONTACT FAX NUMBER

SUPPLIER CONTACT NAME Jim Williams ext. 109		Quote #ANSQ71991		SUPPLIER PHONE NUMBER (916) 774-2670		SUPPLIER FAX NUMBER		SUPPLIER E-MAIL ADDRESS jwilliams@ans-it.com	
PAYMENT TERMS Net 45	CERTIFICATION NUMBER 24852	<input type="checkbox"/> Certified Small Business	<input type="checkbox"/> Certified Microbusiness	EXPIRATION DATE		<input checked="" type="checkbox"/> Certified DVBE	EXPIRATION DATE 10/31/2016		

[illegible]

A-1 <input checked="" type="checkbox"/> General Provisions are incorporated herein by reference to: <input checked="" type="checkbox"/> Form GSPD - 401 Non-IT Commodities (revision date <u>6/8/2010</u>) OR <input type="checkbox"/> Form GSPD - 401IT (revision date _____) <input type="checkbox"/> ATTACHED OR <input checked="" type="checkbox"/> Published at website: <u>www.dgs.ca.gov/gp</u>		TAXABLE SUBTOTAL		5,250.00
TERMS AND CONDITIONS A-2 <input type="checkbox"/> This order is issued under a Department of General Services (DGS) Leveraged Procurement Agreement (LPA). Terms and Conditions set forth in that agreement (LPA number referenced in the block titled Leveraged Procurement Agreement No.) are incorporated herein by reference as if set forth in full text. B <input type="checkbox"/> Agency Special Provisions are attached and titled _____ C <input type="checkbox"/> Any other attachments, such as specifications, Statement of Work, or Information Technology Model Language Modules, are identified in the product or services description area or on continuation pages.		TAX RATE 8.500% SALES TAX		446.25
PROCUREMENT METHOD <input checked="" type="checkbox"/> COMPETITIVE: Solicitation Number (if applicable) _____ <input type="checkbox"/> LEVERAGED <input type="checkbox"/> DYBE / SMALL BUSINESS (GC 14838.5(a)) <input type="checkbox"/> NON-COMPETITIVELY BID <input type="checkbox"/> EXEMPT		* NOTE: If there are variable charges for Installation, Shipping or Freight, or Other Non-Taxable Services, detail per line item and enter total here.		* INSTALLATION * SHIPPING/ FREIGHT * OTHER NON-TAXABLE
PROGRAM / CATEGORY (Code and Title)		FUND TITLE		VERIFIED NO STATE SURPLUS AVAILABLE
99		General		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PAID BY CAL-CARD		GRAND TOTAL		5,696.25
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
ITEM	CHAPTER	STATUTE	FISCAL YEAR	OBJECT OF EXPENDITURE (CODE AND TITLE)
0820-001-0001	25	2014	14/15	735 - 4474
				<input type="checkbox"/> O.E. <input type="checkbox"/> E.O.

CERTIFICATION AND APPROVAL OF EXECUTIVE OFFICER

I HEREBY CERTIFY, on personal knowledge, that this order for purchasing the items specified above is issued in accordance with the procedure prescribed by law governing the purchase of such items for the State of California; and that all such legal requirements have been fully complied with.

AUTHORIZING NAME (Print or Type)	TITLE	INCREASING ENCUMBRANCES		
Linda Fenner	AGPA	ADJUSTMENT DECREASING ENCUMBRANCES		
AUTHORIZING SIGNATURE		CERTIFIED CORRECT (SIGNATURE)		

DISTRIBUTION: Copy 1 - Supplier; Copy 2 - DGS Procurement; Copy 3 - Packing Slip; Copies 4-6 - Agency Procurement File

PURCHASING AUTHORITY PURCHASE ORDER

STD. 65 (REV. 7/2003)

SUPPLIER INSTRUCTIONS

1. **INVOICES:** Unless otherwise specified, original invoices shall be sent to the "Bill To" address on the face of this document. Invoices shall be submitted in triplicate and shall include:

- Contract registration number (*if applicable*),
- Agency order number,
- Item number,
- Services or Product ID number,
- Unit price,
- Extended item price, and
- Invoice total amount.

State sales tax, installation cost, shipping/freight costs, and/or other non-taxable costs shall be itemized separately and added to each invoice as applicable.

2. **REQUIRED PAYMENT DATE:** Payment will be made in accordance with the provisions of the California Prompt Payment Act, Government Code Section 927 et seq. Unless expressly exempted by statute, the Act requires state agencies to pay properly submitted, undisputed invoices not more than 45 days after (a) the date of acceptance of goods or performance of services; or (b) receipt of an undisputed invoice — whichever is later.
3. **SHIPPING INSTRUCTIONS:** When the Purchase Order or contract allows prepaid/add transportation charges, submit original receipted expense bills if freight charges are over \$50.00. All shipments shall be F.O.B. Destination Freight Prepaid unless otherwise specified. All orders **MUST** include a copy of the packing slip inside the carton **AND** a copy securely attached to the **OUTSIDE** of the shipping carton.